Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: I congratulate the author's for their efforts to this manuscript. Could the author's elaborate on difference in routine ppi and their LBBP method,Elaborate upon the parameters to quantify the degree of tricuspid valve regurgitation along with echocardiography images Current clinical status along with ECG to be made available.

Answer: Thanks for the reviewer's comments. The most important difference is that LBBP (our method) is more likely physiological pacing. The second difference is LBBP has been proved associated with a significantly reduced risk of new-onset atrial fibrillation and heart failure compared with conventional permanent pacemaker implantation. The revised sentences have been added in the manuscript.

The patient has no symptom of discomfort. ECG has been added in the revised manuscript as Supplemental Figure 4. Two-dimensional echocardiograph combined with spectrum and color doppler is the most accurate method to detect and quantify tricuspid regurgitation. The parameters for evaluating tricuspid regurgitation include regurgitation velocity (vena contracta width is 0.34cm) and regurgitation area (vena contracta area is 1.43cm^2). We added the parameters and echocardiography images in the manuscript as Supplemental Figure 5.